FHP

THE MAGAZINE OF FORCE HEALTH PROTECTION

Fall 2006, Vol. 1, No. 1

PREVENTING PTSD

Tough training, minimizing exposure helps service members

40 WINKS?

Walter Reed develops techniques to combat sleeplessness

COMPUTER/ ELECTRONIC ACCOMODATIONS

Program improves lives for seriously wounded personnel

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THE MAGAZINE OF FORCE HEALTH PROTECTION

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The editor reserves the right to edit all manuscripts for readability and good taste.

From the Desk of

Ellen P. Embrey

Welcome to the inaugural issue of "FHP – The Magazine of Force Health Protection!" We hope the topics and articles in this new magazine will be of interest to you and keep you updated on the breaking news and exciting innovations in the Department's force health protection programs and policies.

You may be asking yourself, "What happened to 'Deployment Quarterly?'"

My office has worked over the past year to improve our capacity to shape policy and promote force health protection and medical readiness programs throughout the Department. In doing so, we restructured and realigned our Health Affairs and Deployment Health Support staff elements to ensure that Military Health System force health protection and readiness goals and priorities are fully supported. In doing this, we came to the realization that a new name for the magazine would more accurately reflect the broader scope of policies and priorities of the Force Health Protection and Medical Readiness Programs and Policies we work.

We are engaged in developing policy and program guidance, while exercising program oversight and analyses. We promote and sustain our service members' health and medical readiness throughout their military careers – from accession through deployment and redeployment to separation or retirement. We collaborate to develop and promulgate policies and program guidance designed to enhance and sustain readiness of the Department's medical force.

In a partnership with the services, the Joint Staff, and other principal staff elements, our team of military and civilian experts works to develop and enhance programs and policies that – simply put – will improve our ability to maintain a healthy and fit force, prevent disease and injury, and treat and care for those ill or injured.

These policies and programs cover a broad range of issues – from pre- and post-deployment health assessments to the seamless transition of severely injured service members from Department of Defense to Department of Veterans Affairs care and from annual health assessments to promoting mental health services. They include coordinating with local partners to support integrated responses to public health emergencies as well as supporting global medical stability operations. They range from international reciprocal healthcare agreements to patient tracking, movement, and coordination systems. They span the spectrum from electronic theater medical record keeping to medical command and control systems and from global medical surveillance capabilities to individual medical readiness standards. They strive to protect human subjects in research to conducting research to optimize combat casualty care, military operational medicine, and human performance and effectiveness. They encompass environmental and occupational health threat assessments and detection to documenting and monitoring health effects of actual or potential exposures to toxic materials and diseases.

Our goal with this magazine is to provide you with an opportunity to see this work in action. With this new format, we seek not only to inform, but to inspire readers to emulate best practices throughout the Military Health System in achieving force health protection and medical readiness excellence.

Despite the name change, it is important to note that we remain focused on assuring Defense policies and programs are sufficient to promote and protect the health of individuals who may be deployed and that any health concerns our service members may have after deployment are proactively and completely addressed. That same concern for health extends to those who have served in the past. Our contact managers remain available to assist service members, families, and anyone with a question or concern about their health as a result of their military service or deployment experience. They may be reached through our toll-free telephone number (800) 497-6261. We are here to listen to your concerns, take action to help address your concerns, and keep you informed.

In closing, I want to specifically thank those who provide ongoing support and care to our service members and their families for their dedication to excellence. I look forward to reporting on our collective efforts and successes and showing you good work in action. ◈

Pilots get star treatment with rocker-proven earplugs

By John Schutte
Air Force Research Laboratory

Is the earplug that Carlos Santana wears when he sings "Black Magic Woman" really the same technology used by U.S. Air Force fighter pilots? Well, almost, thanks to a unique collaboration between the federal government and a commercial hearing health care laboratory.

This project by the Air Force Research Laboratory began with earplug technology from Westone Laboratories, Inc. Westone is widely recognized as the industry leader in hearing health care products, including in-ear music monitoring devices used by Santana and other top recording artists.

U.S. Air Force photo

John Hall, the lab's science and technology lead for acoustic signal control, said the program has leveraged a commercial industry for transition to a military application, and the value-added technology is now being transferred to other applications.

Using the Westone technology as a baseline, the research laboratory's Human Effectiveness Directorate developed the Attenuating Custom Communications Earphone System, which improves hearing protection not only for military ground crews and pilots, but for industrial workers such as construction crews, heavy equipment operators and commercial airline employees.

By integrating specialized electronics and a voice communications cable into a custom-molded earplug, the technology allows clear communications while simultaneously protecting the ear from damaging audio frequencies. Even when not under power, the earplugs reduce noise by 30 decibels. They weigh less than the hard-plastic speakers mounted inside flight helmets and cost about $300 per set, depending upon the application. Flight evaluations show that the earplugs are comfortable and provides a quiet environment inside a jet.

Previously, pilots and ground crews wore foam earplugs under their communication headsets. That caused problems because the foam plugs muffled all external noise, including important communications. ◈

MSAT will help commanders see epidemics coming

By Nicole Kratzer

The Defense Department has embarked on a five-year advanced concept technology demonstration of MSAT, Medical Situational Awareness in the Theater. Developers expect MSAT to provide commanders with enhanced knowledge of emerging medical threats and health related trends before, during, and after deployment. It will also collect and archive this information in a standardized form to support post-event study.

U.S. Army photo by SGT Alex Licea

Master Sgt. Freddie Pleasant provides updates to his section during a Third Army collective training exercise on Fort McPherson in January.

MSAT will gather information from several systems already deployed with operating forces and others still under development, then present that data in a form that will facilitate efficient and effective decision-making. Commanders will get to test MSAT during field trials and command post exercises over the next three years. Their results will help developers refine the system's computer architecture and user friendliness.

When commanders lack timely, complete health information about their troops, it can put those forces at unnecessary risk of illness or injury. Current systems don't provide timely trend analysis or immediate warning alerts that identify risks. MSAT is designed to overcome these shortcomings. ◈

DOD fields global electronic medical records system

By Gerry J. Gilmore
American Forces Press Service

The U.S. military has begun fielding its new Internet-based electronic medical records system, called AHLTA.

The system uses off-the-shelf technology and began phase-in across the force in January 2004. Today, it's been deployed to more than 60 percent of the military; full fielding is estimated to occur around January 2007.

The system will potentially serve more than 9 million U.S. service members, retirees and their families across the globe. Military medical information contained on AHLTA is also shared with the Department of Veterans Affairs.

AHLTA was tested and proven in wartime conditions, said Army Staff Sgt. Kevin Walker, a combat medic assigned to the 1st Stryker Brigade, 25th Infantry Division, at Fort Lewis, Washington. Walker used AHLTA's portable electronic medical-record-gathering device when he was in Iraq.

Medical data contained on a dog-tag-sized electronic information chip is inserted into the medic-carried, palm-sized portable medical data collector for processing. Walker said the device is user-friendly and makes it easy to update a service member's medical information, compared to using old-tech paper forms. The information is then forwarded to a main database for the doctor's review.

Widespread use of interactive electronic medical records systems like AHLTA may ultimately produce lower costs, fewer medical mistakes and better care. Medical researchers can use data gathered by AHLTA and similar systems to head off outbreaks of disease. ◈

DOD photo by Gerry J. Gilmore

Army Staff Sgt. Kevin M. Walker, a combat medic assigned to the 1st Stryker Brigade, 25th Infantry Division, Fort Lewis, Wash., demonstrates a portable medical data collector that's used by American forces in Iraq. Walker participated in the Nov. 21 rollout ceremony for the military's electronic medical records system held at the National Naval Medical Center in Bethesda, Md.

Flight-certified pumps ease pain during movements

Army Materiel Command

Anticipating what materiel Army medical professionals need before they deploy is one of the missions of the U.S. Army Medical Research and Materiel Command. Now the command has a system in place that lets Army medical units tell the command what they need even after they've deployed.

Crucial equipment to help wounded soldiers in Iraq has been fielded recently, thanks to a new system of communication between medical units in theater and experts in the states. Medical experts on the Army Materiel Command's Field Assistance in Science and Technology teams went into Iraq and found what equipment or knowledge medical units lacked.

When the team arrived in theater, they traveled in convoys, Blackhawks, C-17s and C-130s to visit 40 units across Iraq speaking with medical personnel at battalion aid stations, forward surgical teams and combat surgical hospitals.

The team's visit resulted in hypothermia kits and flight-certified medication pumps fielded to Iraq. A patient at a combat support hospital was the first to receive a flight-certified pump that lets patients give themselves doses of pain relief medication during evacuations.

The kits help ensure that patients arriving at combat support hospitals do not suffer from complications of hypothermia during medical evacuations. The FAST team recommended using the kits and temperature sensor catheters, to combat hypothermia during movement. As a result 4,000 kits were fielded. ◈

U.S. Army photo

A flight-certified pump (orange) that lets patients give themselves doses of pain relief medication during evacuations has been fielded. A patient at a combat support hospital was the first to receive the new pump.

DeployMed ResearchLINK: http://www.deploymentlink.osd.mil/deploymed

By Brittany Butler

If you're not a doctor, medical research information about your health concerns is sometimes difficult to find and even harder to understand. To help solve this problem for service members, Force Health Protection and Readiness has developed a new, user friendly site, DeployMed ResearchLINK. The new Web site presents the latest medical research information about military deployments in a unique and innovative way. By mid-summer, the site will include information related to the most recent military deployments, such as Operation Iraqi Freedom and Operation Enduring Freedom.

Service members, veterans and their families have a vested interest in the medical research conducted to identify and explore deployment health concerns.

"At-a-glance, service members will be able to read and understand a brief, one sentence summary of each research project," said Trisha Lamphear, DOD health research analyst.

As lead DOD health research analyst on the project, Lamphear focused on three goals for the Web site: Making it complete, timely and user friendly. She says a great deal of research has been done on deployment health issues, and people should be able to see it all.

"We're enhancing the ability to update the Web site's content in real time," says Lamphear. "Now we're going from a static Web site to a dynamic, database-driven Web site."

This means that the use of more modern computer programs will allow changes to the content of the Web site rapidly and often. Visitors to the site will have the most up-to-date information available in almost real time.

Web site analysts expect the new Web site to have a broad audience. "Researchers will also find this a helpful tool in reviewing the information they have on the site and exploring the work of their peers," Lamphear said. She also expects the media and general public to be regular visitors.

"The number one criterion is that research must be federally funded," Lamphear says, which assures that the work will have been peer reviewed and held to the highest standards.

DeployMed and Medsearch, both Web sites of Force Health Protectionand Readiness, were originally created to respond to deployment-related health concerns arising from the Gulf War and more recent deployments. To provide a forward-thinking alternative to these two sites, information from both was merged together into DeployMed Research-LINK. Combining these two Web sites into one central Web site helps to better inform service members and healthcare providers about the medical research aimed at the health of all those who have deployed from the time of the Gulf War until now. Like its predecessors, DeployMed ResearchLINK is a collaboration among the Departments of Defense, Veterans Affairs, and the Department of Health and Human Services. Each department provides information about research it has sponsored for the Web site.

She acknowledges that there has

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Program helps wounded return to normal lifestyle

Assistive technology provides real solutions for real needs

By Nicole Kratzer

Improvements in expeditious medical evacuation, advanced personal protective equipment, and life-sustaining medical care provided immediately in the battle zone by highly trained health care professionals mean that more service members are surviving injuries received in combat. In fact, according to the Directorate for Information Operations and Reports, as of Aug. 27, 2005, the survivability rate for service members injured in the Global War on Terror is 90.5 percent, up from 76.4 percent in Vietnam.

This means that service members who may have previously died in combat are now returning home with their lives altered by serious injuries such as vision or hearing loss, extremity amputations and traumatic brain injuries. According to official Defense Department casualty reports, as of March 2006 more than 8,400 service members have been unable to return to duty after being wounded in either Operation Iraqi Freedom or Enduring Freedom.

The Department of Defense's Computer/Electronic Accommodations Program is committed to providing assistive technology and support to those returning wounded soldiers, sailors, Marines and airmen. Last year the program office provided more than 347 accommodations to wounded service members. In fiscal year 2006, they expect that number to increase to more than 400.

> ***"We give service members the right tools to go back to a normal lifestyle."***

"We give service members the right tools to go back to a normal lifestyle," said program director Dinah Cohen. "Our ultimate goal is employment and a smooth transition to their next phase of life."

Phase 1: Recovery and Rehabilitation

Many wounded service members face long recovery and rehabilitation periods at military treatment facilities before they can return home. The CAP program has been working closely with key staff at medical facilities to provide information and assistive technology to wounded service members and their families. By working directly with staff in the intensive care units, physical and occupational therapists, audiologists and ophthalmologists, program representatives can begin to introduce service members to assistive

—*continued on page 19*

DOD photo

The Computer/Electronic Accommodations Program provides assistive technology and support to returning wounded service members in their recovery, rehabilitation, transition and employment phases.

ASSISTIVE TECHNOLOGIES

Blind or Low Vision

- Screen Readers
- Scanners
- CCTV
- Magnification Software
- Glare Screen
- Braille Displays
- Portable Notetakers
- Braille EmbossBraille Embossers

Cognitive

- Assistive Listening Devices
- Text-Based Devices
- Scanners
- Word Prediction Software
- Speech Recognition Software
- Cueing/Memory Aids
- Screen Readers
- Scanner / Readers
- Dynamic Display Devices

Communication

- Word Prediction Software
- Text-Based Devices
- Dynamic Display Devices
- Voice Amplifiers

Deaf or Hard of Hearing

- Signaling Devices
- Video Communication Devices
- Teletypewriters (TTYs)
- PC TTYs
- Network TTY
- TTY/Voice Carry-Over Telephones
- Assistive Listening Devices
- AmplifiedTelephoneEquipment

Dexterity

- Alternative Keyboards
- Keyboard Trays
- Alternative Pointing Devices
- Wrist Rest
- Footrest
- Monitor Riser
- Lumbar Support
- Document Holder
- Headsets / Microphones
- Telephone Headset and Handsets
- Ergonomic Chair
- Speech Recognition Software
- Speech Recognition Hardware

Source: *http://www.tricare.osd.mil/cap*

Career military doctor aims to ensure DOD ready to address health concerns of deployed personnel

By Harry Sarles

Michael E. Kilpatrick, M.D., is the Deputy Director for Force Health Protection and Readiness Programs in the Defense Department's Health Affairs Office. His 25 years of Navy service and more than five years as a senior Defense Department civilian have filled him with the knowledge and desire to ensure the department does all it can to safeguard service member health throughout the deployment process.

Photo by Anne Marie Saphara

"My goal is to make sure that the Defense Department has the medical facts and supporting information to answer the health concerns military leaders, service members or their families may raise before, during or after deployments," said Kilpatrick.

"Most of my career as a Navy physician was spent studying infectious diseases in areas of the world we may need to send our personnel. It was important to know what diseases were there, how to prevent our forces from catching them and how to diagnose and treat those illnesses if they did," he said. "The concerns raised by military members and their families in these far away places were a normal reaction to living in an unusual or unfamiliar place, with a threat they didn't understand."

Kilpatrick began his military career as a staff physician in the Infectious Disease division at the Naval Regional Medical Center in San Diego. He served five tours with the Medical Research and Development Command including assignments in Egypt, California, Peru and Maryland. He was the first Officer in Charge of the Navy's first medical facility in South America, Naval Medical Research Institute Detachment Lima, Peru, and commanded Naval Medical Research Unit Three in Cairo, Egypt.

Understanding the diseases and the concerns of military personnel and their families made him a natural pick for the staff of the special assistant secretary of defense for gulf war illness when that office was created following the 1991 Gulf War.

Kilpatrick completed his Navy career as the senior medical advisor to the special assistant and then served as an independent consultant involved in the medical aspects of investigations and research related to Gulf War illnesses. He was selected as a member of the Senior Executive Service in December 2000 and began his service with the Health Affairs office.

"Today I work as a facilitator, guiding the program managers and staff within our organization to work with the appropriate medical action officers in the services and together they evaluate what is done medically to protect the health of those who go in harm's way and to treat those who become ill or injured," said Kilpatrick. "Our force health protection policies state what is to be done and implementation by the medical providers in the services is the reality of what is done."

Operational Leaders, medical providers and individual service members share the responsibility for force health protection, Kilpatrick said. Planning and preparing for deployments must include evaluating potential risks that may affect the health of the service members and compromise the completion of the mission. The evaluation also looks at potential long-term health effects for service members and conditions that may affect the health of the service member's family after he or she returns home.

"Our force health protection policies today are built upon the medical lessons learned from past and current deployments," explained Kilpatrick. "Our office plays a major role in ensuring that we continually improve from those past medical lessons learned rather than continue to just relearn the lessons."

Kilpatrick served in the Navy from 1974 to 1999. He was executive officer of the Naval Hospital in Orlando, Florida and commanded the Naval Hospital in Millington, Tennessee. He is a San Francisco native who earned his medical degree in 1969 from the University of New Mexico, School of Medicine.

Kilpatrick is a Fellow of the American College of Physicians and a member of the Association of Military Surgeons in the United States. He has co-authored more than 70 peer-reviewed publications on tropical medicine and infectious diseases. ◈

Ask the Experts

Q Predictions are the bird flu will hit the United States this year. What should military personnel do to protect themselves?

A Avian influenza is a disease that primarily kills birds and not people. Most people that have become ill have had prolonged direct contact with birds that are ill or dying from avian influenza. Individuals can decrease their risk by avoiding direct contact with dead or sick birds and eating only fully cooked U.S. Department of Agriculture approved poultry. Surfaces that come in contact with raw poultry should be cleaned and people should wash their hands with soap and water after handling raw poultry.

Should the virus mutate so that it can be easily passed on from person to person, plans at every level are in place to continue to protect the nation and to provide care to our beneficiaries. The most important weapon to combat a pandemic avian influenza is not drugs but measures that everyone can take to reduce their chances of catching this flu. The Defense Department has prepared guidance that will help you adopt these measures. We have also stockpiled antiviral medications, medical equipment and a pre-pandemic vaccine for potential use. Preparation for a future influenza pandemic is an ongoing process. ◈

Lt. Col. Wayne E. Hachey, DO, MPH, is the Director of Deployment Medicine and Surveillance at the Office of the Deputy Assistant Secretary of Defense for Force Health Protection and Readiness.

Q I got a DOD letter about the link between the release of chemical agents in the first Gulf War and brain cancer. What should I do?

A If you feel healthy, there is no need for you to seek medical attention. On the other hand, if you have symptoms of illness and you are not sure of the cause, then you should see your doctor. This is good advice for everybody, not just people who got the letter you mention. The doctor will tailor his evaluation according to the kind of symptoms you have and how severe they are. He may arrange for additional tests, such as blood tests, urine texts, x-rays, and so on.

If you feel well, you should try to stay healthy with a lifestyle that includes a good diet, regular exercise, and not smoking. You should not worry about a possible link between chemical warfare agents and brain cancer. Scientists were surprised by the results of the study that found that link, because the chemicals involved have never been shown to cause cancer.

For now, scientists believe that the possibility that those chemicals cause brain cancer must be confirmed before it can be accepted as true. ◈

Dr. Francis O'Donnell is a contract medical consultant specializing in research in the Force Health Protection and Readiness Programs office.

Q What help is available for family members concerned about the mental health impact of deployments?

A The Mental Health Self Assessment Program is a unique and new program that offers an online mental health and alcohol self assessment program for all service personnel and their family members. It is totally voluntary, completely anonymous and available 24/7. It is available to family members as well as active duty personnel, National Guard, and Reserve members. The service is available worldwide at www.MilitaryMentalHealth.org and provides immediate results, plus referrals to military and VA mental health services. The program offers screening and education for a number of common problems that often go undiagnosed. It enables participants to identify their individual symptoms and to seek help before the situation becomes urgent. Program participants can complete self-assessments for depression, bipolar disorder, generalized anxiety disorder, post-traumatic stress disorder, and alcohol abuse. When they've completed the self-assessment, participants are provided with information about where they can go for a counseling or healthcare assistance. ◈

Col. Joyce Adkins is the Defense Department's Program Manager for Operational Stress and Deployment Mental Health.

DOD Focuses on Preventive Measures for PTSD

By Austin Camacho

Post Traumatic Stress Disorder became an accepted medical diagnosis in 1980, and was an issue for many Vietnam veterans. Today, Americans worry that our service members will return from combat with PTSD. While experts say that every military member deployed is at risk of becoming a stress casualty, the Department of Defense is focused on minimizing those casualties.

Colonel Robert Ireland, DOD's program director for mental health policy, says the department uses three levels of prevention to take the best care possible of its members. He says that primary prevention involves minimizing traumatic exposures as much as possible, and selecting the right people to send to war. During recruitment, DOD tries to screen out people who are at the greatest risk of becoming stress casualties.

During their initial medical assessment, physicians review mental health problems recruits may have experienced, and seek to understand their severity, whether they are fully resolved, and whether there is potential for future problems. Some with ongoing symptoms of a mental disorder, and especially those who are discovered to have suffered horrible trauma in early childhood, may be more at risk for suffering PTSD when exposed to trauma later on, as explained by Ireland.

Primary prevention also includes tough, realistic training. The combat simulating situations created in basic training are part of what some experts call "stress inoculation." Like a regular vaccination, its intent is to build up the recipients' resistance.

"The result of very realistic training, such as shooting machine gun bullets over someone crawling through the mud under barbed wire, is that you drop their sensitivity to that level of stress," Ireland says.

Stress inoculation training enables people to endure greater hardships and proceed with their mission. If training is sufficiently tough, then there are fewer surprises for troops when they go to war. They know how hard they will be pushed and what they'll be expected to do. Whatever challenges arise, they are more likely to feel that they've faced them before.

U.S Army photo by Sgt. Kimberly Snow

Sergeant Brian R. Peterson, Reno, Nevada, a cavalry scout with the 1st Infantry Division's 3rd Brigade Reconnaissance Troop takes cover in a house in southern Fallujah after receiving sniper fire while conducting clearing operations in November.

To this same end, the services try to prepare service members for deployment as much as possible. They train for the specific place they will go, learn the environmental challenges and diseases they will face, and practice the prevention measures they'll use. That means learning to use pesticides correctly, and being very familiar with their protective equipment.

Ireland also stresses that individual service members can take steps to avoid becoming stress casualties themselves. He says that military men and women can improve their ability to handle stress just as they would sharpen any other skill.

"If you're not shooting so well on the firing range you usually do a little remedial work," Ireland said. "We need to develop a mindset such that when we see someone reacting in a radical way to normal stressors, we help each other to understand that there are things they can do to get through it."

He points out that stress management training is readily available. For example, both the Air Force and army offer "healthy thinking" workshops designed to help people reduce stress by consciously improving their outlook on life. These classes help people to develop a more realistic perspective and avoid making anxiety-causing assumptions.

He also lists a number of things service members can do to enhance what he calls the domains of wellness across their lives. Strengthening personal relationships, continuing education, getting a sense that you are making a positive contribution to the world and getting involved in things beyond the self can result in greater resistance to combat stress when the time comes. All of these are primary prevention efforts.

Secondary prevention involves the action taken soon after exposure to traumatic stress to minimize its impact. This includes "psychological first aid" -- getting folks out of danger as soon as possible; connecting them with their social support systems; making sure their physiologic

needs are met for food, water, and rest; and assuring folks know where to get more help, if needed – without frightening folks with fears of impending mental health disintegration. Psychological debriefings for everyone are no longer recommended after trauma. However, operational debriefings may be helpful for those who know each other well. Assuring unit members have some time to informally process their experiences together may also be helpful.

Another approach is teaching those who were exposed to trauma to relax. This may include controlled breathing and muscle relaxation techniques, "going to the beach" in their minds, and helping them to confront their fear when reliving the traumatic event.

Tertiary prevention describes the help that is offered after symptoms develop. To apply these measures, service members with stress-related conditions must be identified. How difficult that is varies from person to person. Some stress casualties are easy to spot, as Ireland learned during his rotation to Landstuhl Regional Medical Center in Germany, where he was able to observe service members as they returned from combat in Iraq.

"I've seen some folks that were speaking rapidly, were hyper-reactive, weren't able to concentrate, and had a very narrow scope of what they thought about. That just smacks you in the face," said Ireland.

Others, he says, deal with their reactivity more quietly, and show symptoms only in response to very specific cues. A particular smell or a particular visual reminder could prompt symptoms.

"It could be any physiological cue that brings the memory back to them," Ireland says. "And then maybe it's a quiet anxiety inside as opposed to the sweating and being aroused in a way that others would know."

He says that the symptoms of PTSD – re-experiencing events, avoidance of certain situations, hyper-arousal – are all survival responses. They are the product of a normal brain and body doing what it should do in a life-threatening situation. For most service members, the symptoms fade within three months, as people learn to associate safety with the cues they had learned to associate with danger during deployment.

Medical science is working to reduce the incidence and severity of PTSD even after symptoms appear. So far, cognitive behavioral and exposure therapies appear to be the most effective treatments. Researchers are looking at cognitive enhancing medications to use during that therapy to speed results. Ireland says that virtual reality therapy is also promising. Some antidepressants may be helpful. The good news, he says, is that treatment isn't needed as often as one might think.

"Most people will not get PTSD," he says. "The actual rate we're seeing is far less than what screening results suggest exists." He cautions that it might not be possible to know precisely the rate of PTSD. One effort to pick up delayed presentations of PTSD is the post-deployment health reassessment performed three to six months after service members return home from their deployment.

Ireland suggests PTSD will never be completely eliminated from military or civilian life, as long as there are wars, accidents, crimes, and natural disasters.

And he says ethicists have raised considerations about the benefits of reducing the potency of traumatic memories. "Some wonder if it might be unethical to prevent traumatic memories," he says, "because perhaps we *should* be traumatized by war."

For now, Ireland and the Military Health System continue to do all they can to prevent stress casualties among our men and women in uniform. ◈

U.S. Marine Corps photo by Sgt. Rebecca S. Newton

Sgt. Terrance A. Beadles (top), a Primary Marksmanship Instructor at Marine Corps Air Station, Yuma, Ariz. deployed to Iraq in 2002. In 2004, he was diagnosed with post-traumatic stress disorder. "It started soon after I came out of Iraq -- the nightmares and cold sweats and violent awakenings," he said. His father urged him to get help when he first returned from Iraq, but Beadles told him that nothing was wrong. "I look back now and I really don't know why I waited so long to talk about it," he added. "Partly I didn't want to put my problems off on anybody. Partly I felt like nobody would understand. (Marines coming back from deployment) need to seek help," Beadles said. "If they have nightmares, if they have a hard time sleeping, they need to get help. There are things medical can do for you. I've been there and I've lived it, and I know there's only one way to deal with it -- to get help dealing with it."

Study shows redeploying troops get help with stress

By Jerry Harben
Walter Reed Army Institute of Research

Soldiers and Marines who are disturbed by the stress of the war in Iraq are receiving mental-health services early after their return, helping prevent development of serious conditions, according to a just-released study.

"A high percentage are using mental-health services. A portion of these people receive diagnosis of mental-health problems, but the majority do not. We think a lot of care is related to screening, prevention and milder conditions that may not require lengthy treatment," said Col. Charles W. Hoge, director of the department of psychiatry and neuroscience at Walter Reed Army Institute of Research.

"A majority of these soldiers receive their mental-health care early after returning, which is what we encourage them to do," he added.

Hoge was lead author on the study, collaborating with Col. Charles S. Milliken, also of Walter Reed, and Jennifer L. Auchterlonie from the Army Medical Surveillance Activity of the Army Center for Health Promotion and Preventive Medicine. Their report is published in the March 1 issue of the *Journal of the American Medical Association*.

A screening process for soldiers returning from deployment is intended to detect physical or mental problems that need correction. Soldiers undergo this Post-Deployment Health Assessment (PDHA) when they return. They answer written questions and confer with a physician, physician assistant or nurse practitioner. They now have a reassessment three to six months later to detect issues that are not immediately apparent, although the records used for this study were compiled before the reassessments began.

The study looked at records of 303,905 soldiers and Marines who completed the PDHA between May 1, 2003 and April 30, 2004. This included 222,620 who had deployed to Iraq, as well as others who deployed to Afghanistan or other locations. The study used records maintained in the Defense Medical Surveillance System database.

Overall, 19 percent of soldiers and Marines returning from the first deployment of Operation Iraqi Freedom reported a mental-health concern on the PDHA (a higher percentage than those who deployed to Afghanistan or other areas). Concerns include symptoms of Post-Traumatic Stress Disorder, depression symptoms or concerns about interpersonal conflicts, aggression or thoughts of suicide.

About 4 percent were referred for mental-health services. A referral does not mean that person has a serious mental-health condition, Hoge said.

"Because of answers on the screening form, a primary-care professional thinks it would be good for this person to see a mental-health professional," is how he described a referral.

"A lot of people documented as using mental-health services don't have serious conditions," he added. "I think a large portion of this falls in the category of prevention. We're trying to get help to people early so long-term conditions do not develop."

Records show about 54 percent of those referred for mental-health services were documented receiving follow-up care, which Hoge said is a high figure and probably understates the amount of care actually received.

"In any primary-care practice, many people referred don't come in to see mental health," he said. "Referral in the military system could include seeing a chaplain, family support services or using the MilitaryOneSource service (a toll-free phone number, 1-800-342-9647, soldiers can call for assistance), which would not be counted in the medical system. We think the figure of documented care is quite high."

About 35 percent of soldiers and Marines returning from Iraq used mental-health services within a year after their return. These services include evaluations and preventive services. About 12 percent were diagnosed with mental-health problems.

"Almost everyone who deploys to a war zone is affected in some way. We know from several studies that 20 to 30 percent of soldiers who have experienced combat will report symptoms such as sleep disturbance, anxiety, irritability or increased alcohol use. These often are normal reactions that will improve over time. However, soldiers may need help if symptoms persist or interfere with their work or occupational functioning," Hoge stated. ◈

U.S. Air Force photo by Tech. Sgt. Andy Dunaway

DOD improves continuity of care for reserve troops

By Harry Sarles

National Guard and reserve members have deployed more often and for longer periods of time as part of the nation's Global War on Terror. To help reserve component members deal with medical issues, including those related to deployments, health benefits for reserve component members have undergone a transformation.

According to a briefing at the Military Health System 2006 Conference in Washington, in February, that transformation has resulted in an improved continuity of care for reserve component personnel, particularly those who have been activated in support of a contingency operation.

Col. Kathleen Woody, Defense Reserve Affairs Office, and Jody Donehoo, TRICARE Management Activity, told attendees at the conference reserve component members are eligible for TRICARE benefits up to 90 days before activation in support of a contingency operation if the service member is on delayed-effective-date orders. TRICARE continues to cover them and their family members while they are on active duty. When a reserve component member leaves active duty following activation in support of a contingency operation he or she is covered by the Transitional Assistance Management Program. When the 180-day TAMP program concludes, members of selected reserve units may choose to enroll in TRICARE Reserve Select.

The Transitional Assistance Management Program gives National Guard and reserve personnel who are ending a period of activation and returning to civilian life 180 days of TRICARE coverage after separation.

TAMP

The reserve member and eligible family members automatically become eligible for the TAMP benefit when he or she separates from qualifying active duty service. But, they must ensure that their family members are properly enrolled in the Defense Enrollment Eligibility Reporting System or DEERS in order to take advantage of this benefit. If they choose to enroll in TRICARE Prime for the TAMP benefit time period, they must get the enrollment paperwork, fill it out, and submit it to the TRICARE regional contractor servicing their home area.

Sponsors and family members who are eligible for the transitional program may enroll in TRICARE Prime in locations where it is available, or they may use the TRICARE Extra or TRICARE Standard benefits.

TRICARE Reserve Select

Last Spring, the military health care system began offering a premium-based, health plan for purchase by National Guard and reserve members who met several qualifications including being activated for contingency operations on or after Sept. 11, 2001.

As of March 24, more than 9,500 plans had been purchased under TRICARE Reserve Select covering more than 27,000 beneficiaries, said Donehoo.

According to Dr. William Winkenwerder Jr., assistant secretary of defense for health affairs, "This benefit compares most favorably with any health plan option available to our reserve components."

"We hope that individuals will consider carefully the value of this benefit for themselves and their families as well as the commitment to our nation's defense," said Winkenwerder.

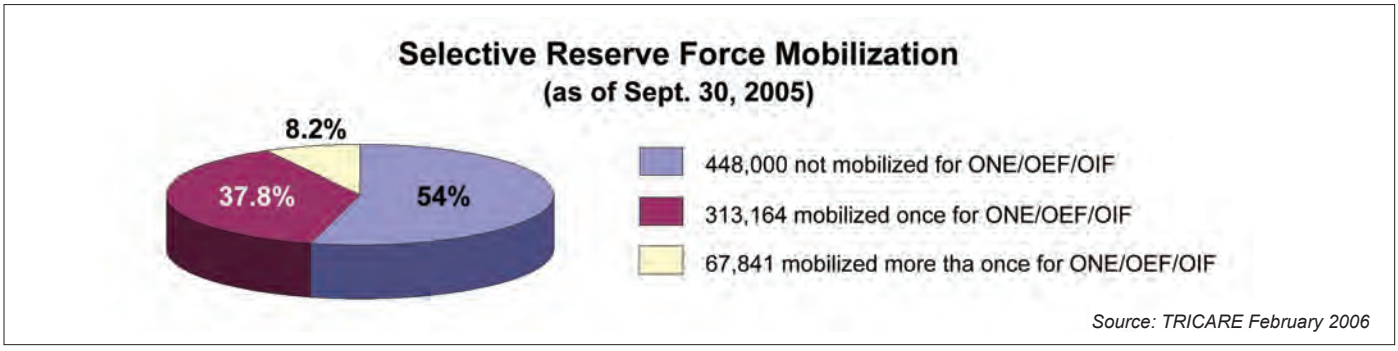
Seven Reserve Components:

- Army National Guard
- Army Reserve
- Naval Reserve
- Marine Corps Reserve
- Air National Guard
- Air Force Reserve
- Coast Guard Reserve

When purchased by a qualified member, TRICARE Reserve Select provides comprehensive health care coverage similar to TRICARE Standard and Extra for the member and his or her eligible family members.

A National Guard or reserve member's personnel office will qualify them for TRICARE Reserve Select based on active service on or after Sept. 11, 2001. The service period must be for 90 consecutive days or more in support of a contingency operation. Within 90 days of leaving active duty the member must enter into a service agreement with his or her reserve component to serve in the

—continued on page 20



Tools help soldiers cope with fatigue during operations

By Karen Fleming-Michael
U.S. Army Medical Research and Materiel Command

U.S. Army photo

Heat and mental strain can leave combat personnel sleepless. Recent studies at Walter Reed have tried to identify tools and techniques that service members can use to fight fatigue.

Though it's been studied for about a century, why people need sleep remains a mystery.

"We know we need air, food and water, but unlike those other needs we don't know why we need sleep," said Dr. Thomas Balkin of the Walter Reed Army Institute of Research. "We do know we're a mess without it."

Troops in garrison need it just as much as troops in the field, but because of unpredictable schedules sleep can be elusive for the latter group.

"Due to the mission, you've got a brief period, maybe six to 12 to 18 hours to kind of refit, get some sleep and go back out again," said Staff Sgt. Sean Byard, who deployed to Afghanistan twice and now works at the research institute. During combat operations, it wasn't unusual for him and his squad to stay alert for 24 to 30 hours at a stretch. To keep awake, he'd walk up the side of the mountain or do push ups, encouraging his troops to do the same.

Persuading soldiers to sleep isn't too difficult, Byard said. "If you let a soldier know that in the next 24 hours he's going to be awake for 16 of them, he's going to take time and go back and crawl in his sleeping bag."

Not getting enough sleep, on the other hand, can cause problems. First, it affects mood, making sleep-deprived people as cranky as overtired children. Second—and most important during military operations—is its effect on mental performance.

"You tend to process information more slowly," Balkin said. "People do make errors when they're sleepy, but primarily what they do is slow down. In time-critical tasks, like target acquisition, every second counts, every millisecond can count."

"This occurs almost universally in adults and anybody who has ever driven when they're sleepy," he said "What usually happens is we zone out, we focus narrowly at the primary task at hand of keeping the car on the road. The secondary task of paying attention to where you are or reading the signs … as you go by sort of falls by the wayside, so you end up driving past your exit and you sort of come to with a 'where am I?'"

"...we focus narrowly at the primary task at hand..."

Compounding the mental slow down that occurs when there's a sleep deficit is the fact that sleep-deprived people don't often know they're sleepy.

"People are not good judges of their own capacity to perform—just like drunks are not good judges of their capacity to drive," Balkin said. "One of the abilities that is decremented by sleep loss is the ability to judge just how well you're doing."

Military sleep researchers use lessons gleaned from sleep studies done in the civilian world but must take their work a step further because the two environments don't provide an apples-to-apples comparison.

Unlike shift work, "in the military operational environment, you're responding to operational exigencies. What the enemy happens to be doing at that time might dictate that you're going to have to stay awake. You may get to sleep in an hour or 20 hours from now, you don't know," Balkin said. "That's one of the challenges that we face, to optimize performance sort of on the fly instead of ahead of time."

One of Walter Reed's research efforts to help perfect performance uses a device called an actigraph. Worn on the wrist like a watch, the actigraph measures motion and records it. From the data it generates, sleep and wakefulness can be scored in a mathematical model. That model, which is still a work in progress, Balkin said, should be able to predict a soldier's ability to perform his or her job. It should also be able to tell users if they need a little jolt to stay awake and on task if they can't fit in a nap.

"We're applying studies to develop the model to be able to predict how much benefit people are going to get from say 200 milligrams of caffeine, which is about the equivalent of a Vivarin tablet or two cups of coffee," he said.

Caffeine, Balkin said, does a great job of keeping its users awake and works as well as any stimulant that could be prescribed. It's also prevalent in the operational environment, Byard said.

"They probably have three or four coffee pots in every TOC (tactical operation center) going at the same time because those are also 24-hour ops,"

"...it delivers caffeine to the body four to five times faster than a liquid or pill..."

he said, adding that caffeinated sodas are usually available as well.

Another way caffeine is making its way to the field is through Stay Alert chewing gum. Each piece of the gum contains 100 milligrams of caffeine, which is about the amount found in a six-ounce cup of coffee.

"Because it's chewed, it delivers caffeine to the body four to five times faster than a liquid or pill because it's absorbed through tissues in the mouth—not the gut, like in traditional formulations," said Dr. Gary Kamimori who works in Balkin's department at the institute.

Byard, the noncommissioned officer in charge of the Division of Psychiatry and Neuroscience at the research institute, volunteered to participate in studies for the caffeine gum after hearing his co-workers talk about it. He and three other Soldiers, not

"...The hard part was staying awake and not hallucinating."

knowing if they received the caffeine gum or a placebo, were tasked to stay awake for 60 hours while frequently performing tasks on handheld computers. As it turned out, he was chewing the placebo gum, so he wasn't getting any help except for the motivation of being with other Soldiers.

"We managed. The hard part was staying awake and not hallucinating," said Byard with a laugh.

Kamimori's staff validated the gum's physiological effects in both single and multiple doses. The staff was able to determine the best dosing regimens for soldiers who, because of their mission, aren't able to go to sleep.

The gum, Kamimori said, doesn't interfere with the ability to sleep when the opportunity arises.

The cognitive performance model that Balkin's group is working on may also help commanders and medical professionals zero in on psychological problems.

"With depression and PTSD (post-traumatic stress disorder), you often get changes in sleep patterns that are indicative that someone is depressed or is becoming depressed, Balkin said. "Once everyone is wearing these things (as a proposed sports watch), it's possible that the data will automatically red flag anyone or any unit that's having a problem."

Nothing in this world is certain but death and taxes, Benjamin Franklin once said. If Balkin had his way, sleep would be added to that list.

"It's generally thought that sleep loss is something you can will yourself through: If you're tough enough you can perform at optimum levels even though you're sleepy," he said. "But nothing replaces sleep. Nothing is as good as sleep for maintaining cognitive performance and mental acuity. No drugs restore it; there's no substitute. Eventually you've got to go to sleep." ◈

U.S. Air Force photo

"Sim-Man" is a robotic simulation "patient" that helps to keep medical personnel up to date with their training. He has a pulse and a heartbeat and can be programmed by computer to respond to treatment in various ways.

Combat stress company helps deployed soldiers cope

By Sgt. Jason Mikeworth
207th Mobile Public Affairs Detachment

Helping soldiers cope with the critical events that are sandwiched between arriving and departing a combat zone poses one of the biggest challenges for the staff of the 883rd Medical Company (Combat Stress Control).

The 883rd is divided into two groups, the prevention team and the restoration team, and each plays a pivotal role in the effort to minimize the effects of stress on the battlefield.

"The prevention team is a smaller team. Their mission is to travel to units to make contact and let them know who we are, what we do, and how we can be of service to both the command and the individuals," said Maj. Ed Moschella, a psychiatric nurse with the 883rd at Logistical Support Area Anaconda, Iraq. "If they don't know us before an event, it's unlikely they'll call us."

One of the services offered by the traveling team is critical event debriefings when units lose a soldier or when a soldier is evacuated for medical treatment.

Moschella acknowledged that it can be difficult for 'outsiders' to approach a unit dealing with a tragedy.

"There's a whole theme of us being an outsider that creates a barrier to our services. Part of how we try to deal with that is to have the prevention team do a walk-about, meet soldiers, introduce themselves to the command staff. Our goal is to keep every soldier in the mission," Moschella said.

After suffering a traumatic event, some soldiers need more in-depth or follow-up care. Enter Staff Sgt. Philip Burke, the noncommissioned officer in charge of the restoration team. Burke has a master's degree in social work and a doctorate in education. As a clinician and an educator, he works hard to help soldiers heal the wounds their experiences can create.

"From a clinician's point of view, I see some of the more complex situations," Burke said. "I see soldiers on a regular basis for counseling every week or two weeks."

Burke said there are three major points of a deployment at which soldiers are likely to seek counseling.

"There's three periods when we see people. Some that are adjusting, just in the first 60 days of their deployment," Burke said. "Then, people in the middle phase, at about the six-month marker, it's kind of the same thing as a marathon. There's kind of a natural sense of, 'oh boy, there's another whole six months to go." Burke added, "I'm really happy about how many soldiers come in to us in their last 60 days of deployment, not because they're worn out after 11 months on the job, but because they already identified some anxiety about provoking a situation at home that they need to begin thinking about. They're already beginning to adjust to home, thinking about what they need to do, and they're planning for it."

Burke said he tries to staff the clinic to make the administrative portion of a soldier's first visit as efficient as possible.

"I don't like anyone to come in here, fill out some of our intake paperwork and have to wait to see someone. I like to be available to the soldiers as quickly as possible," Burke said.

The staff performs an assessment on the results of the surveys soldiers complete on their initial visit.

"They fill out some paperwork, just some demographic information. We need to know what's going on," Burke said.

Part of the assessment is asking soldiers what their needs are.

"We ask about what their thoughts are. How distressed are they? Are they having thoughts of hurting someone, or if they have thoughts of hurting themselves," Burke said. "Some have financial issues, some have relationship issues. Most of us need a lot of experience with the hellos and goodbyes of life."

A residential program is available for soldiers who need a step back from the source of their stress.

> ***"They come in from forward operating bases, having very long and demanding missions...."***

"Some soldiers need to stay with us for a couple of days. Often we're changing their medication and evaluating that; getting them into a neutral site where there aren't any work demands and see if we can recharge their

U.S. Army photo by Spec. Elizabeth Erste

Soldiers of 3rd Platoon, C Battery, 1st Battalion, 7th Field Artillery Regiment, 2nd Brigade, 1st Infantry Division, rest and regroup outside a school near Bayji, Iraq after searching an apartment complex for weapons and bomb-making materials, in January 2005.

batteries," Burke said. "They come in from forward operating bases, having very long and demanding missions, maybe seeing the worst aspects of this conflict. They may not have the capacity to recharge their batteries. We can do that. Often it begins with just a good night's sleep."

A benefit of the residential program is that it creates an environment where the medical staff can help gauge and control a soldier's physical health. Patients who haven't been eating or sleeping well can recuperate from the physical effects of the critical events they've endured. Once the body has begun healing, they can go to work on the psychological effects of the event that can create a foundation for post-traumatic stress disorder.

"It's a place to talk about the things that you've seen, to understand you've been through a lot, and a place to help yourself out for the long haul so you don't develop the kind of foundation that may lead to some future conditions," Burke said. "A lot of people have this reservoir of difficult events in their life that they just haven't got rid of, and it starts to intrude on their daily life."

It's common for two soldiers to go through the same event and not be affected the same way. Although the staff of the 883rd spends some time thinking about why an event affects one soldier deeply while another is not affected, their main concern is for the soldier who needs assistance working through the stress that remains.

"Our job here is to deal with the soldier when it really sticks with them. We support resilience for any number of issues that happen during deployment, from the most horrific to the most ordinary," Burke said. "When people are left alone to deal with a critical event in their lives, they become a casualty. With talking, debriefing, then people can recover from that difficult event to be functional again."

He added that it's not unusual to have a reaction to life in a combat zone.

"We're here in a difficult situation having a normal reaction to abnormal stress," Burke said. "These things don't happen to us when we're not deployed. We don't have to worry about improvised explosive devices or being shot at in Black Hawks when we're not deployed." ◈

Assistive technology *[continued from page 7]*

technology and accommodation support, reducing frustration and providing encouragement. One example of this technology is an augmentative communication device, which enables easy communication between the patient and medical staff as well as family members.

According to Cohen the first thing service members tell CAP representatives is that they want to go back and they want to talk to the troops still in theater.

"Just being able to write an e-mail can mean their whole rehabilitation gets better," she said.

DOD photo

Accommodations are available for wounded service members with vision or hearing loss, upper extremity amputees as well as persons with communication and other disabilities to access the computer and telecommunication environment.

Phase 2: Transition

To ensure a smooth transition from patient to independent living, CAP representatives are working to integrate assistive technologies into housing facilities and employment training centers at the medical facilities to support the reemployment process. This technology includes alternative pointing devices, assistive listening devices, voice recognition software and closed circuit televisions. The technology is being introduced to wounded services members to use at their living quarters, allowing them to communicate with family and friends, improve their quality of care and begin the process of finding employment opportunities.

"The Walter Reed Army Medical Center occupational therapy office contacted us first. Then, we expanded our services to Brooke Army Medical Center, as well," said Cohen.

Phase 3: Employment

Working closely with human resource managers, federal managers and supervisors, and applicants and employees with disabilities, program representatives provide support throughout the employment lifecycle. They work with the federal government to increase the recruitment, placement, promotion and retention of people with disabilities and wounded service members, by eliminating the cost of accommodations. The program provides assistive technology, education, and training and support to government employment centers to ensure that people with disabilities have equal access to career opportunities and advancement.

According to Cohen this means more than simply providing technology.

"Smart leaders will bring disability management into their workforce and business plans," said Cohen.

If a service member remains on active duty or becomes a civilian within the Defense Department or another federal agency, the Computer/Electronic Accommodations Program can provide work related accommodation to the agency free of charge for anything from an internship to permanent employment.

"We have the ability to leverage technology to get people back to work," said Cohen. ◈

On the Internet *[continued from page 6]*

been a backlog of information that has not reached the site quickly in the past. She and the Force Health Protection and Readiness Web team are dedicated to providing interested audiences with the most recent research projects available.

"We will be tracking the individual research projects to see when their end dates are and follow up with presenting the results from the research conducted," she says.

"The new Web site generates the pages from a data base," Lamphear says. "Now, when a new publication comes out we just add it to the database and we are able to upload it directly to the web site."

That translates into information being available to web site visitors much faster than before. And designing a new web site allowed the FHP&R team to make it more user-friendly than either of the earlier medical research sites.

"The original sites each had a limited menu of options and you really had to understand what a research topic was," Lamphear says. "The new web site's front page has a clickable map so you can choose your medical research topic by region."

If you don't know what region sparked the research you're interested in, there is also a list of the major deployments, including the Gulf War. By selecting a deployment name, one can link to research related to that operation. It is also possible to search by medical research topic, and there's a section of reports and publications for those who find that the easiest way to locate what they want.

DeployMed ResearchLINK is the result of successful coordination between the Departments of Defense, Veterans Affairs, and Health and Human Services. The new Web site demonstrates the extent to which these departments have invested in medical research to address deployment health concerns.

Reserve health care *[continued from page 15]*

selected reserve for at least one additional year.

Qualified members may purchase one year of TRICARE Reserve Select coverage for each whole year of service commitment in the service agreement, up to a maximum of one whole year of coverage for each 90 days of continuous active duty served in support of a contingency operation. For example, members who served a 360-day qualifying active duty period in the selected reserve would qualify for four years of TRICARE Reserve Select coverage provided the member agrees to serve at least another four years in the selected reserve.

TRICARE Reserve Select coverage for members and covered family members will end when the service agreement ends or sooner if the member separates from the Selected Reserve, voluntarily withdraws from the program or fails to pay the monthly TRICARE Reserve Select premiums.

Updated information on the TRICARE Reserve Select program is posted on the TRICARE Web site at *www.tricare.osd.mil/reserve/reserveselect*.

Expansion of TRICARE Reserve Select in 2006

According to Donehoo, later this year TRICARE Reserve Select will become available for purchase by all members of the selected reserve when two new tiers of premium rates are added to the program. The current contingency program will be called Tier 1, where members are already paying 28 percent of the total premium cost. (2006 member premiums are $81 per month for the member-only coverage and $253 per month for member and family coverage.)

Tier 2 will be added for Selected Reserve members who certify that they meet certain qualifications such as being self-employed or eligible for unemployment compensation. Reserve members enrolled in Tier 2 will pay 50 percent of the total premium cost. Tier 3 is for selected reserve members who do not quality for the first two tiers. The member pays 85 percent of the total premium cost in Tier 3.

To qualify for any of the three tiers reserve members must execute a service agreement and maintain their status in the selected reserve. Coverage under Tiers 2 and 3 is expected to be available October 1, 2006.

RESERVE HEALTH BENEFIT CONTINUUM

Pre-activation	Active Duty	TAMP	TRICARE Reserve Select
Coverage Full TRICARE and MTF for member and family up to 90 days prior to activation if issued "delayed-effective-date" orders	*Coverage* Continuous from pre-activation coverage or beginning on first day of activation (if no delayed-effective date orders)	*Coverage* Follows active duty coverage 180 days after demobilization for contingency Family member cost sharing for members and family	*Coverage* TRICARE Standard, Extra and military treatment facility "space-A" 1 year for each 90 days served Begins day after TAMP coverage ends Premium-based

Source: TRICARE February 2006

Resource Guide

Force Health Protection and Readiness (800) 497-6261

Deployment Health and Family Readiness Library
http://deploymenthealthlibrary.fhp.osd.mil/

DeploymentLINK
http://www.deploymentlink.osd.mil

GulfLINK
http://www.gulflink.osd.mil

DeployMed ResearchLINK
http://www.deploymentlink.osd.mil/deploymed

Post-Deployment Health Re-Assessment
https://fhp.osd.mil/pdhrainfo/index.jsp

DOD Deployment Health Clinical Center
(866) 559-1627
http://www.pdhealth.mil

Marine for Life
(866) 645-8762
https://www.m4l.usmc.mil/

Military OneSource
(800) 342-9647
http://www.militaryonesource.com/

Military Severely Injured Center
(888) 774-1361

TRICARE
http://www.tricare.osd.mil/

TRICARE Active Duty Programs
(active duty and family members)
(888) 363-2273
TRICARE Mail Order Pharmacy - Express Scripts
(866) 363-8667

TRICARE Pharmacy Program
(877) 363-6337

TRICARE For Life
(888) 363-5433

Defense Enrollment Eligibility Reporting Systems (DEERS)
(800) 538-9552

Department of Veterans Affairs
810 Vermont Ave., NW
Washington, DC 20400
Phone: (202) 273-4300
(800) 827-1000
http://www.va.gov

U.S. Army Center for Health Promotion & Preventive Medicine
http://chppm-www.apgea.army.mil/

DOD Mental Health Self-Assessment Program
https://www.militarymentalhealth.org/test

Department of Defense
http://www.defenselink.mil
Hooah 4 Health
http://www.hooah4health.com/

National Committee for Employer Support of the Guard and Reserve
1555 Wilson Blvd., Suite 200
Arlington, VA 22209-2405
Phone: (800) 336-4590
http://www.esgr.org

American Red Cross
17th & D Streets, NW
Washington, DC 20006
Phone: (202) 639-3520
http://www.redcross.org

Enlisted Association of the National Guard
3133 Mount Vernon Ave.
Alexandria, VA 22305
Phone: (800) 234-3264
http://www.eangus.org

Military Officers Association
201 N. Washington St.
Alexandria, VA 22314
Phone: (800) 234-6622
http://www.moaa.org

National Association for Uniformed Services
5535 Hempstead Way
Springfield, VA 22151
Phone: (800) 842-3451
http://www.naus.org

National Guard Association of the United States
1 Massachusetts Ave., NW
Washington, DC 20001
Phone: (202) 789-0031
http://www.ngaus.org

National Military Family Association
2500 North Van Dorn St.,
Suite 102
Alexandria, VA 22302
Phone: (800) 260-0218
http://www.nmfa.org

Non-Commissioned Officers Association
610 Madison St.
Alexandria, VA 22314
Phone: (703) 549-0311
http://www.ncoausa.org

Reserve Officers Association
1 Constitution Ave., NE
Washington, DC 20002
Phone: (800) 809-9448
http://www.roa.org